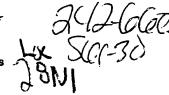
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CRAIG S SUMMERS KNOBBE, MARTENS, OLSON & BEAR MAY 2 6 1998 620 NEWPORT CENTER DRIVE SIXTEENTH FLOOR NEWPORT BEACH CA 92660

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AMINER AND GROUP ART UNIT	DATE MAILED			

,			<u> </u>			(Date)	
APPL	ICATION NO.	FILING DATE	TOTAL CLAII	MS	EXAMINER AND G	ROUP ART UNIT	DATE MAILED
0:	8/607,791	02/27/96	016	RUTLEDGE,	D	2101	02/25/98
First Named Applicant	GOODHILL,		DEAN	к.			

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ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE		
3 P06-34023	352-056.	000 A90	UTIL	ITY YES	\$660.00	05/26/98		
Use of PTO form(s) and Customer Number are recommended, but not required.  (1) the attorne The Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  (2) The attorne the attorne the name of t				For printing on the patent front page, list the names of up to 3 registered patent prneys or agents OR, alternatively, (2) name of a single firm (having as a mber a registered attorney or agent) the names of up to 2 registered patent prneys or agents. If no name is listed, no ne will be printed.  Knobbe, Martens,  1 Olson & Bear, LLP				
ASSIGNEE NAME AND RESIDENCE     PLEASE NOTE: Unless an assigned Inclusion of assignee data is only a the PTO or is being submitted under filling an assignment.  (A) NAME OF ASSIGNEE	e is identified below, no assig ppropiate when an assignmer	nee data will appea nt has been previous	r on the patent. sly submitted to	4a. The following fees are of Patents and Tradem:  State of Patents and Tradem:  State of Patents are of Patents are of Patents and Tradem:  Advance Order - # of Patents are of Patents a	arks):	k payable to Commissioner		
(B) RESIDENCE: (CITY & STATE OR COUNTRY)  Please check the appropriate assignee category indicated below (will not be printed on the patent)  Individual Corporation or other private group entity Sovernment				4b. The following fees or deficiency in these fees should be charged to:  DEPOSIT ACCOUNT NUMBER 11-1410  (ENCLOSE AN EXTRA COPY OF THIS FORM)  Issue Fee  Advance Order - # of Copies				
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